MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (97) Reg. Dist. No. 16

CERTIFICATE OF DEATH

03972

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
(a) County Garrett
(b) City or town Mt. Lake Park, Maryland. (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: ---
(d) Length of stay in hospital or inst. (yrs., mos., or days) ----------
(e) Length of stay in this community (yrs., mos., or days) 9 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Garrett
(c) City or town Mt. Lake Park (If outside city or town limits, write RURAL and give town)
(d) Street No. --- (If rural give location)
(e) If foreign born, how long in U. S. A.? ---- years

3 (a) **FULL NAME** Rhoda (Leighton) David

3 (b) If veteran, name war ---

3 (c) Social Security No. ----

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Jesse Evan David

6. (c) If alive, give age --- years

7. Birth date of deceased (mo., day, yr.) Aug. 7, 1852

8. AGE: Years 86 | Months 8 | Days 14 | If less than one day ---- hr. ---- min.

9. Birthplace Trenton, N. J. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own Home

FATHER
12. Name Isaac Leighton
13. Birthplace England

MOTHER
14. Maiden Name Elizabeth Vernon
15. Birthplace England

16 (a) Informant H. V. Leighton
(b) Address Mt. La ke Park, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 23, 39 (month) (day) (year)
(c) Cemetery or crematory Oakland,
Location Oakland, Maryland.

18 (a) Funeral director Herbert C. Leighton
(b) Address Oakland Md.

19 (a) 4/22/1939 (Date rec'd by registrar) (b) Julia Brown Registrar

MEDICAL CERTIFICATION

20. Date of death April 21 1939, at 4:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1939, to Apr 21 1939 and that I last saw him alive on Apr 15 1939.

Immediate cause of death	Duration
Cerebral Arterio Sclerosis	
Due to Senility	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature N. I. Broadwater M. D. or other

Address Oakland Md. Date signed Apr 22-39

RECEIVED
MAY 5 1939
BUREAU V. S.

03973

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Garrett Registration Dist. No. 162

Village or City Grantsville R.D. 2 No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME William Cecil Durst If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Feb 1 – 1939

7. AGE: Years | Months: 2 | Days: 10 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: William Durst

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Ariel Raley

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): William Durst, Grantsville R D 2

18. BURIAL, CREMATION, OR REMOVAL

Place: New Germany Date: 4-11, 1939

19. UNDERTAKER (Address): Wm. Winterberg, Grantsville Md

20. FILED: Apr 12 1939 C T H Bill, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Apr (Month) 10 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Apr 1, 1939, to Apr 10, 1939

I last saw him alive on Apr 10, 1939; death is said to have occurred on the date stated above, at 10:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:

	Date of onset
Lobar pneumonia	13 days
Other Contributory Causes of importance:	
Whooping cough	3 weeks

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H. R. Davis M.D.

(Address) Grantsville Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED JUN 5 1928 U. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

03974

(131)

1. PLACE OF DEATH

County Garrett — Registration Dist. No. 161

Village or City Friendsville R.F.D. #1 Md — No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Benjamin F. Friend — If U. S. Veteran, specify WAR ____

(a) Residence: No. ____ St., ____ Ward. ____

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Friend

6. DATE OF BIRTH (month, day, and year) April 5th 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	83	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. own farm

10. Date deceased last worked at this occupation (month and year) June 1927

11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Jonathan Friend

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Lydia Friend

16. BIRTHPLACE (city or town) (State or country) West Virginia

17. INFORMANT Chester Friend

(Address) Morgantown W Va

18. BURIAL, CREMATION, OR REMOVAL

Place Keller Black Date 4/5, 1939

19. UNDERTAKER E. E. Barnard

(Address) Brandonville W Va

20. FILED 4-4, 1939 Jeannette Statler

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April 2nd, 1939

(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from April, 1939, to April 2nd, 1939

I last saw him alive on April 1st, 1939; death is said to have occurred on the date stated above, at 7 a. m.

The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:

	Date of onset
Coronary occlusion	1939 April 2nd
Other Contributory Causes of importance:	
arteriosclerosis	1925
Chronic Nephritis	1932

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19____

Where did injury occur? —

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. —

Manner of Injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ____

(Signed) H. E. Sandrock M. D.

(Address) Friendsville Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED MAY 5 1939 U. S. CHILDREN'S BUREAU

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

03975

1. PLACE OF DEATH (95-P)

County Garrette Registration Dist. No. 161

Village or City Tearer Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Bruce Friend

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Minnie Friend

6. DATE OF BIRTH (month, day, and year): June 23, 1878

7. AGE: Years 60 | Months 10 | Days 7 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Farmer.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Farm.

10. Date deceased last worked at this occupation (month and year): 1936

11. Total time (years) spent in this occupation: 50

12. BIRTHPLACE (city or town) (State or country): Garret Co., Md

FATHER

13. NAME: Taylor Friend.

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Elizabeth Feather

16. BIRTHPLACE (city or town) (State or country): W. Va.

17. INFORMANT (Address): Reuben Friend. Friendsville, Md

18. BURIAL, CREMATION, OR REMOVAL

Place: Sand Spring Date: May 3, 1939

19. UNDERTAKER (Address): E G Harned Brandonville

20. FILED: 5-3, 1939 Jeannette Statler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: April (Month) 30 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan. 22, 1939, to April 30, 1939

I last saw him alive on April 30, 1939; death is said to have occurred on the date stated above, at 6:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	5 yrs.

Other Contributory Causes of importance:

Cardiac Edema	6 mo.

Name of operation: None Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Eugene Greenwald M. D.

(Address) Friendsville, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED MAY 5 1939 PUBLIC V.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

03976

V. S. No. 1 (1)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH (93-C)

County Garrett — Registration Dist. No. 172

Village or City Deer Park — No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Cindrella Susan Gilson — If U. S. Veteran, specify WAR ____

(a) Residence: No. ____ St., ____ Ward. ____

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Guy W. Gilson

6. DATE OF BIRTH (month, day, and year): June 29, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	59	9	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Own Home

10. Date deceased last worked at this occupation (month, year): dec, 1937

11. Total time (years) spent in this occupation: ____

12. BIRTHPLACE (city or town) (State or country): Deer Park, Brooks Maryland

FATHER

13. NAME: George Brooks

14. BIRTHPLACE (city or town) (State or country): Orange County Virginia

MOTHER

15. MAIDEN NAME: Jane McCrobey

16. BIRTHPLACE (city or town) (State or country): Deer Park, Maryland

17. INFORMANT (Address): Guy W. Gilson, Deer Park, Md

18. BURIAL, CREMATION, OR REMOVAL: Mc Crobey Cemetery, Deer Park, Md — Date Apr. 12 39

19. UNDERTAKER (Address): Otha F. Sharpless, Blaine, W. Va

20. FILED 4/10, 1939 A. W. Barrick, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: April (Month) 10 (Day) 9 (Year) 193

22. I HEREBY CERTIFY, That I attended deceased from Dec. 9 1938, to April 10 1939

I last saw her alive on 4/9/39 1:35 A.M.; death is said to have occurred on the date stated above, at ____ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Acute Nephritis	12-7-38
Chronic Myocarditis	?
Other Contributory Causes of importance: Hypertension	?

Name of operation: none — Date of: ____

What test confirmed diagnosis? Phys. Exam — Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? No — Date of injury ____, 19____

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury: —

Nature of injury: —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) R. P. Simon M.D. M. D.

(Address) Kitzmiller, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED MAY 9 1928 BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

03977

(159)

1. PLACE OF DEATH

County Garrett — Registration Dist. No. 166

Village or City McHenry, Md. — No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 1 ds. — How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Infant Glotfelty — If U. S. Veteran, specify WAR ____

(a) Residence: No. ____ St., ____ Ward. ____

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 13, 1939

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
0	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ____

10. Date deceased last worked at this occupation (month and year) 0 — 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) McHenry (Outside)
(State or country) Maryland

FATHER

13. NAME Bernard Leroy Glotfelty

14. BIRTHPLACE (city or town) McHenry, Md.
(State or country) Maryland

MOTHER

15. MAIDEN NAME Lulu Kelley

16. BIRTHPLACE (city or town) Oakland, R. D.
(State or country) Maryland

17. INFORMANT Bernard Leroy Glotfelty
(Address) McHenry, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Glotfelty Cemetery Date Apr. 15, 1939

19. UNDERTAKER Bolden Undertaking Co
(Address) Oakland, Md.

20. FILED 4/15/ 1939 Julia Rowan Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April 14, 1939
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Apr. 13, 1939 to Apr. 14, 1939

I last saw him alive on Apr. 13, 1939; death is said to have occurred on the date stated above, at 5:30P m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Premature (6 Mo.)	
Other **Contributory Causes** of importance:	

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) N. L. Broadwater M. D.

(Address) Oakland, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V.S-No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED MAY 5 1939 BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (50)

Reg. Dist. No. 166

CERTIFICATE OF DEATH

03978

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:

(a) County Garrett

(b) City or town Deer Park, Maryland. (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: ----

(d) Length of stay in hospital or inst. (yrs., mos., or days) ---

(e) Length of stay in this community (yrs., mos., or days) 59 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Garrett

(c) City or town Deer Park, (If outside city or town limits, write RURAL and give town)

(d) Street No. ---- (If rural give location)

(e) If foreign born, how long in U. S. A.? --- years

3 (a) **FULL NAME** Lillian May (Lashorn) Harvey

3 (b) If veteran, name war ----

3 (c) Social Security No. ------

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Oscar J. Harvey

6. (c) If alive, give age: 60 years

7. Birth date of deceased (mo., day, yr.): Oct. 26, 1879

8. **AGE:** Years: 59 | Months: 6 | Days: 1 | If less than one day: ____hr. ____min.

9. Birthplace: Deer Park, Garrett Co., Md. (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Own Home

FATHER

12. Name: Joseph Lashorn

13. Birthplace: Virginia

MOTHER

14. Maiden Name: Henrietta Thrasher

15. Birthplace: Woodstock, Va.

16 (a) Informant: Oscar J. Harvey

(b) Address: Deer Park, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 29, 39 (month) (day) (year)

(c) Cemetery or crematory: Deer Park, Md.

Location: Deer Park, Md.

18 (a) Funeral director: Herbert C. Leighton

(b) Address: Oakland, Md.

19 (a) 4-28-1939 (Date rec'd by registrar) (b) Julia Lanier Registrar

MEDICAL CERTIFICATION

20. Date of death April 27, 1939, at 8:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from December 9 1938, to April 27 1939, and that I last saw him alive on April 18 1939.

Immediate cause of death	Duration
(a) Carcinoma of breast	2 years
(b) Generalized Carcinomatosis	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Clifford P. Berger, M.D. M. D. or other

Address Oakland, Md. Date signed 4/29/39

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MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (51-C)

Reg. Dist. No. 166

03979

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
(a) County GARRETT
(b) City or town OAKLAND. MD.
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2½ mo
(e) Length of stay in this community (yrs., mos., or days) Lifetim

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Garrett
(c) City or town Oakland,
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME H ENRY WHEELER McCOMAS.

3 (b) If veteran, name war: None

3 (c) Social Security No.: None

4. Sex: M ale

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Sarah Ann McComas

6. (c) If alive, give age: 70 years

7. Birth date of deceased (mo., day, yr.): F eb. 12th, 1866

8. AGE: Years: 73 | Months: 1 | Days: 28 | If less than one day: ____ hr. ____ min.

9. Birthplace: Oakland, Md.
(Town, county, and state)

10. Usual occupation: Physician.

11. Industry or business

FATHER
12. Name: Josiah Lee McComas.
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden Name: Ellen Wheeler
15. Birthplace: Baltimore, Md.

16 (a) Informant: Mrs. H. W. McComas.
(b) Address: Oakland, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 12th 1939 (month) (day) (year)
(c) Cemetery or crematory: Cemetery
Location: Oakland, Maryland.

18 (a) Funeral director: Emroy D. Bolden.
(b) Address: Oakland, Md.

19 (a) 4/11/1939 (Date rec'd by registrar) (b) Julia Rowan Registrar

MEDICAL CERTIFICATION

20. Date of death Apr 10 1939, at 11:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1937, to Apr 10 1939, and that I last saw him alive on Apr 10 1939.

Immediate cause of death	Duration
Carcinoma of Prostate with metastasis	2 ½ yrs
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature N. J. Broadwater
M. D. or other
Address Oakland, Md. Date signed 4/11/39

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BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

03980

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH (2)

County Garrett — Registration Dist. No. 172

Village or City Vindex — No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Junior Ervin McRobie — If U. S. Veteran, specify WAR ____

(a) Residence: No. ____ St., ____ Ward. ____

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 24, 1939

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Infant

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ____

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Vindex, (State or country) Maryland

FATHER

13. NAME Elzie Mcrobie

14. BIRTHPLACE (city or town) Swanton, (State or country) Maryland

MOTHER

15. MAIDEN NAME Mandie May Upold Gillmore,

16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMANT Elzie McRobie (Address) Vindex

18. BURIAL, CREMATION, REMOVAL McRobie Cemetary
Place Altamont, Md Date Apr. 26, 39

19. UNDERTAKER Othe F. Sharpless (Address) Blaine, W.Va.

20. FILED 4/25, 1939 A. W. Barwick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April 24 (Month) (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ____ to ____, 19____

I last saw him alive on ____, 19____; death is said to have occurred on the date stated above, at 10:P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Stillborn Today 10 P.M. — Date of onset 4-24-39

Other Contributory Causes of Importance: Chest & Stomach filled with fluid.

Name of operation none. — Date of ____

What test confirmed diagnosis Phys. Exam. — Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury ____, 19____

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) A. P. Sisson M. D.

(Address) Kitzmiller, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I.

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

03981

(93-2)

1. PLACE OF DEATH

County Garrett Registration Dist. No. 172

Village or City Kitzmiller No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Hannah O'Donnell If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martin O'Donnell

6. DATE OF BIRTH (month, dey, end yeer) June 17 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or mln.
	81	10	12	

OCCUPATION

8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month end year) June 1938

11. Total time (years) spent in this occupation 66 mo.

12. BIRTHPLACE (city or town) Garrett Co. (State or country) Maryland

FATHER

13. NAME William Warwick

14. BIRTHPLACE (city or town) Garrett Co. (State or country) Maryland

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) Dont Know (State or country)

17. INFORMANT Terrence F. O'Donnell (Address) Kitzmiller, Md

18. BURIAL, CREMATION, OR REMOVAL I.O.O.F. Cemetery Place Elk Garden, W. Va. Date May 1, 1939

19. UNDERTAKER Otha F. Sharpless (Address) Blaine W. Va.

20. FILED 5/1, 1939 A. W. Barwick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 29 (Day), 1939 (Yeer)

22. I HEREBY CERTIFY, That I attended deceased from Jan., 1936, to April 29, 1939

I last saw her alive on April 29, 1939; deeth is seid to heve occurred on the date stated above, et 8:15 P. m.

The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:

	Date of onset
Acute Myocarditis	1937
Auricular Fibrillation	1930
Other Contributory Causes of Importance: Pernicious Anemia	1936

Name of operation Date of

Whet test confirmed diegnosis? Routine Was there en eutopsy? No

23. If death wes due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Dete of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Menner of injury

Nature of injury

24. Wes diseese or injury in eny wey related to occupation of deceased? No

If so, specify

(Signed) Ralph Calandrella M. D.

(Address) Kitzmiller, Md

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (159) Reg. Dist. No. 166

CERTIFICATE OF DEATH

03982

1. PLACE OF DEATH
(a) County Garrett
(b) City or town Deer Park, Md.
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Garrett
(c) City or town Deer Park, Md
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Infant Paugh

3 (b) If veteran, name war
3 (c) Social Security No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Infant

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 8, 1439

8. AGE: Years 0 | Months 0 | Days 0 | If less than one day 3 hr. min.

9. Birthplace Deer Park, Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Chas. L. Paugh.
13. Birthplace Maryland, Garrett Co.

MOTHER
14. Maiden Name Bertie Kitzmiller
15. Birthplace Kleason, W. Va.

16 (a) Informant Chas. L. Paugh
(b) Address Deer Park, Md.

17 (a) (Burial, cremation, or removal) (b) Date thereof April 9, 1939 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion Cem.
Location Maryland, Garrett Co.

18 (a) Funeral director Murray B. Golden
(b) Address Oakland, Md.

19 (a) 4/9/39 (Date rec'd by registrar) (b) Julia Rowe Registrar

MEDICAL CERTIFICATION

20. Date of death Apr 8 1939, at 12:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 8 1939, to Apr 8 1939, and that I last saw him alive on Apr 8 1939.

Immediate cause of death Pneumonia	Duration
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. I. Broadwater
M. D. or other
Address Oakland Md Date signed 4-8-39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
MAY 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (82-C)

Reg. Dist. No. 166

CERTIFICATE OF DEATH

03983

1. PLACE OF DEATH:

(a) County GARRETT

(b) City or town HUTON, MARYLAND.
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 83 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State MARYLAND (b) County GARRETT.

(c) City or town HUTTON, MD.
(If outside city or town limits, write RURAL and give town)

(d) Street No.
(If rural give location)

(e) If foreign born, how long in U. S. A.? 83 yrs. years

3 (a) **FULL NAME** MARGARET PENDERGAST.

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex FEMALE

5. Color or race WHITE

6 (a) Single, married, widowed, or divorced WIDOW

6 (b) Name of husband or wife MARTIN PENDERGAST.

6. (c) If alive, give age DEAD years

7. Birth date of deceased (mo., day, yr.) FEB. 22d, 1852

8. **AGE:** Years 87 | Months 1 | Days 21 | If less than one day ____ hr. ____ min.

9. Birthplace GERMANY.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name JOHN SHAFFER.
13. Birthplace GERMANY.

MOTHER
14. Maiden Name THRESA SHAFFER
15. Birthplace GERMANY.

16 (a) Informant WILLIAM PENDERGAST.
(b) Address HUTTON, MD.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APRIL 15, 1939 (month) (day) (year)
(c) Cemetery or crematory OAKLAND CATHOLIC CEM.
Location OAKLAND, MD.

18 (a) Funeral director EMROY D. BOLDEN.
(b) Address OAKLAND, MD.

19 (a) 4/14/1939 (Date rec'd by registrar) (b) Julia Rowan Registrar

MEDICAL CERTIFICATION

20. Date of death Apr 13 1939, at 8:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1939, to Apr 13 1939, and that I last saw him alive on Apr 5 1939.

Immediate cause of death Senility
Cerebral hemorrhage

Duration Sudden

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. **Signature** N. I. Broadwater
M. D. or other

Address Oakland Md Date signed 4/14/39

VS. A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 5 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

03984

1. PLACE OF DEATH (46-C)

County Garrett Registration Dist. No. 167

Village or City Gregg No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Lemuel Turner Reed.

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Almeda Reed.

6. DATE OF BIRTH (month, day, and year) Oct 11 1866

7. AGE Years 72 Months 6 Days 19 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) Jan 1938

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Philippi W. Va.

FATHER

13. NAME Stephen Reed.

14. BIRTHPLACE (city or town) (State or country) Philippi W. Va.

MOTHER

15. MAIDEN NAME Miss Jenkins

16. BIRTHPLACE (city or town) (State or country) Philippi W. Va.

17. INFORMANT (Address) Almeda Reed Oakland Md RR#2

18. BURIAL, CREMATION, OR REMOVAL Place Red House Cemt Date May 2, 1939

19. UNDERTAKER (Address) J. W. Duncan Thomas, W. Va.

20. FILED 5-2, 1939 Elmer C. Shafer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 30 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1938, to April 30, 1939

I last saw him alive on February 21, 1939; death is said to have occurred on the date stated above, at 12 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Carcinoma - pyloric end of stomach with extensive metastases

Date of onset 2 yrs.

Other Contributary Causes of importance:

Name of operation None Date of

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Harold C. Miller M. D.

(Address) Eglon, W. Va.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
JUN 5 1929
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

VS. A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 166

CERTIFICATE OF DEATH

03985

1. PLACE OF DEATH:

(a) County GARRETT

(b) City or town DEER PARK, MD.
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 4 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State MARYLAND (b) County GARRETT

(c) City or town DEER PARK, MD.
(If outside city or town limits, write RURAL and give town)

(d) Street No.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JAMES DOUGLAS RHODES.

3 (b) If veteran, name war

3 (c) Social Security No. No

4. Sex MALE

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife HANNAH RHODES

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MARCH 8, 1862

8. AGE: Years 77 Months 0 Days ~~30~~ 29 If less than one day hr. min.

9. Birthplace GARRETT COUNTY, MD. (Deer Park)
(Town, county, and state)

10. Usual occupation FARMER

11. Industry or business

FATHER
12. Name ANDREW JACKSON RHODES
13. Birthplace Deer Park GARRETT COUNTY, MD.

MOTHER
14. Maiden Name MARY CATHERINE GILPIN?
15. Birthplace Deer Park GARRETT COUNTY, MD.

16 (a) Informant BRADLEY RHODES.
(b) Address DEER PARK, MD.

17 (a) FITZWATER CEM (b) Date thereof APRIL 10, 1939
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory FITZWATER CEMETERY
Location NORTH GLADE, MD.

18 (a) Funeral director EMROY D. BOLDEN?
(b) Address OAKLAND, MD.

19 (a) 4/9/1939 (b) Julia Rowan
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. Date of death Apr 7 1939, at 1:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from — 19 , to — 19 , and that I last saw him alive on — 19 .

Immediate cause of death Fell over and Dud - Sudden Natural

Due to Sensitivity - Heart

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature N. I. Broadwater
M. D. or other

Address Oakland Md Date signed 4-8-39

RECEIVED
MAY 5 1939
BUREAU V. S.

1939
6-5
1874

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 164

03985

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County GARRETT
(b) City or town ACCIDENT, MARYLAND.
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 40 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State MARYLAND (b) County GARRETT.
(c) City or town ACCIDENT, MD.
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** HARVEY JOSEPH SPEICH ER.

3 (b) If veteran, name war

3 (c) Social Security No. 1701?E

4. Sex: MALE
5. Color or race: WHITE
6 (a) Single, married, widowed, or divorced: MARRIED
6 (b) Name of husband or wife: EMMA SPEICHER
6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) ACCIDENT, MD.

8. AGE: Years 65 | Months | Days | If less than one day ____hr. ____min.

9. Birthplace ACCIDENT, MD.
(Town, county, and state)
10. Usual occupation FARMER.
11. Industry or business

FATHER
12. Name JOHN P. SPEICHER.
13. Birthplace GARRETT COUNTY.

MOTHER
14. Maiden Name CATHERINE BEGHLEY.
15. Birthplace GARRETT COUNTY.

16 (a) Informant EARL SPEICHER.
(b) Address ACCIDENT. MD.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof April, 17, 1939 (month) (day) (year)
(c) Cemetery or crematory CEMETERY
Location ACCIDENT, MD.

18 (a) Funeral director EMROY D. BOLDEN.
(b) Address OAKLAND, MD.

19 (a) 4/16/39 (Date rec'd by registrar) (b) J. Perkins Registrar

MEDICAL CERTIFICATION

20. Date of death April 15th 1939, at 3 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1939, to April 1939, and that I last saw him alive on April 8th 1939.

Immediate cause of death	Duration
Coronary occlusion	
Due to Arteriosclerosis	2 yrs
Due to Gastroenteritis	4 yrs
Other conditions Obesity	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. C. Nedrow M D (M. D. or other)
Address Friendsville Md Date signed 4/17/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 3 19[illegible]
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

03987

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH

County Garrett Registration Dist. No. 761

Village or City Selbysport No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Chas. H. Stuck If U. S. Veteran, specify WAR ...

(a) Residence: No. ... St., ... Ward. ...

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Slaton

6. DATE OF BIRTH (month, day, and year) April 24 - 39

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	87	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ...

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Maryland (State or country)

FATHER

13. NAME Jacob Stuck

14. BIRTHPLACE (city or town) Md (State or country)

MOTHER

15. MAIDEN NAME Ann Holmes

16. BIRTHPLACE (city or town) Md (State or country)

17. INFORMANT Walter Lowdermilk (Address) Selbysport Md

18. BURIAL, CREMATION, OR REMOVAL

Place Selbysport Date 4/26, 1939

19. UNDERTAKER W. H. Swanger (Address) Friendsville, Md.

20. FILED 4/25, 1939 Jeannette Slaton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 24 (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 22, 1939 to April 22, 1939

I last saw him alive on April 22, 1939; death is said to have occurred on the date stated above, at ... m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Generalized arteriosclerosis	10 yrs
Uremia	3 dys
Parotitis	1 "
Other Contributory Causes of Importance:	
Hypertensive Heart Disease	5 yrs
Cardiac decompensation	1 mo

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ...

(Signed) Eugene Queen M. D.

(Address) Friendsville, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED MAY 5 1939 BUREAU V.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN